FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074646 (9)

1. Corporate Name

KALONA, INC.

Principal Office Address	Mailing Address
15439 NW 77TH CT MIAMI FL 33016	19711 NW 84TH AVE MIAMI FL 33015

(ENTER AUDIT NUMBER IN THIS SPACE)

3. Date First Organized (Domestic)	3a. Date of Last Report
12/21/1992	03/08/1994

4. FEI Number 65-0378673	Applied For Not Applicable
5. Certificate of Status Desired	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
8. Is the corporation subject to the provisions of Chapter 607.1901, Florida Statutes?	Yes / No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, ROSE A 10021 PINES BLVD SUITE 110 PEMBROKE PINES FL 33024	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1901, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, or for the purpose of having such changes authorized by the corporation's Board of Directors. I hereby certify that the corporation is now qualified under the provisions of Section 607.1501, Florida Statutes.

SIGNATURE(S)

12. OFFICER AND/OR DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
P/T THOMPSON, PAUL 19711 NW 84TH AVE MIAMI FL 33015	Change / Addition
V/S THOMPSON, SHARON 19711 NW 84TH AVE MIAMI FL 33015	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report.

SIGNATURE: Paul Thompson 5/3/95 305-828-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0084440 CP